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## DOCUMENTATION AND RECORDS

### 17. DOCUMENTATION AND RECORDS

A Provider Agency must document the provision of a service before seeking Medicaid payment. Effective September 1, 2003, CAP-MR/DD Services shall be documented in accordance with the Service Records Manual For Providers of MH/DD/SAS Services. Lead Agencies and Provider Agencies must also keep related personnel, financial and other management records as required by the Medicaid Provider Participation Agreement, the policies and procedures in this manual, Medicaid rules, and State and Federal law.

**Remember:** This section includes CAP-MR/DD minimum requirements for recipient records and related information. Nothing in this section relieves a Lead Agency or other Provider Agencies from the DMH/DD/SAS requirements, licensing rules, and other applicable requirements.

#### 17.1 How Long Records Must Be Kept

The records must be maintained by the Provider Agency for five years from the date of service.

#### 17.2 Availability of Records

The Provider Agency must furnish information regarding its Medicaid payments that is requested by DMA and its agents, DMH/DD/SAS (including the local Lead Agencies), the Office of the Attorney General, the Department of Health and Human Services, the Centers for Medicare and Medicaid Services, and any other entities specified in the Medicaid Provider Participation Agreement.

In addition, the Provider Agency must allow the CAP-MR/DD Case Manager, Lead Agency staff, DMH/DD/SAS, DMA, and/or CMS to review the documentation that supports a claim for CAP-MR/DD services rendered and billed. Provider agencies must bring/mail documents to designated sites during State and/or Federal reviews.